



Gregory J. Nickels, Mayor

Seattle Department of Transportation

Grace Crunican, Director

COMMUTER SERVICES CARPOOL PARKING PERMIT
Application & Renewal Form

Bring or mail completed forms and payment to
Commuter Services, SDOT
3700 Key Tower Building
P.O. Box 34996
Seattle WA 98124-4996
TEL: 206-684-0816 FAX 206-684-5085

| | Carpooler #1 | Carpooler #2 |
|------------------------------|--------------------------|--------------------------|
| Name | | |
| Residential Street Address | | |
| City, State, Zip Code | | |
| e-mail address | | |
| Home Telephone Number | | |
| Employer Name | | |
| Building Name | | |
| Worksite Address | | |
| Worksite Zip Code | | |
| Work Telephone Number | | |
| Start Work Time | | |
| End Work Time | | |
| Dropped off ? | No ___ Yes ___, Location | No ___ Yes ___, Location |
| Do you have a transit pass? | | |
| Carpool vehicle license Nos. | | |
| Where do you want to park? | | |

I hereby certify that the information provided by me on this form is true and acknowledge SMC 112A.16.040, which states that it is illegal to file or cause to be filed with the City any misstatements of material fact and SMC 12A.02.070, which states that such misstatements are a gross misdemeanor punishable by a maximum term in jail of 365 days and or a \$5,000.00 fine. **I authorize the City of Seattle to verify the information provided by me.**

Carpooler #1 Signature and Date

Carpooler #2 Signature and Date

Use the following form to add members to your carpool.



Key Tower, 700 5th Avenue, Suite 3900, Seattle, WA 98104-5043
Tel: (206) 684-ROAD (684-7623), TTY/TDD (206) 684-4009, FAX: (206) 684-8571
Internet address: <http://www.seattle.gov/transportation>
An equal employment opportunity employer.
Accommodations for people with disabilities provided on request.

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| | Carpooler #3 | Carpooler #4 |
|------------------------------|--------------------------|--------------------------|
| Name | | |
| Residential Street Address | | |
| City, State, Zip Code | | |
| e-mail address | | |
| Home Telephone Number | | |
| Employer Name | | |
| Building Name | | |
| Worksite Address | | |
| Worksite Zip Code | | |
| Work Telephone Number | | |
| Start Work Time | | |
| End Work Time | | |
| Dropped off ? | No ___ Yes ___, Location | No ___ Yes ___, Location |
| Do you have a transit pass? | | |
| Carpool vehicle license Nos. | | |
| Where do you want to park? | | |

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Carpooler #3 Signature and Date

Carpooler #4 Signature and Date